

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation**

**Against:**

**MICHAEL NICHOLAS MARKOPOULOS, M.D.)**

**Case No. 800-2014-000004**

**Physician's and Surgeon's**

**Certificate No. G34687**

**Respondent**

**DECISION**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 12, 2018.

IT IS SO ORDERED: December 14, 2017.

**MEDICAL BOARD OF CALIFORNIA**



**Kristina Lawson, JD, Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
Deputy Attorney General  
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8 *Attorneys for Complainant*

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **Michael Nicholas Markopoulos, M.D.**  
15 **2683 Via De La Valle, Suite G-626**  
**Del Mar, California 92014-1911**

16 **Physician's and Surgeon's Certificate No.**  
17 **G34687,**

18 Respondent.

Case No. 800-2014-000004

OAH No. 2017-030745

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Xavier Becerra, Attorney General of the State of California, and by Joseph F.  
25 McKenna III, Deputy Attorney General.

26 2. Respondent Michael Nicholas Markopoulos, M.D., is represented in this proceeding  
27 by attorney Joanna Ryan Shippee, Esq., whose address is: 1010 Second Avenue, Suite 2500, San  
28 Diego, California, 92101.

3. On or about July 1, 1977, the Board issued Physician's and Surgeon's Certificate No. G34687 to Michael Nicholas Markopoulos, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-000004, and will expire on February 28, 2018, unless renewed.

## JURISDICTION

4. Accusation No. 800-2014-000004 was filed before the Board, and is currently pending against Respondent. On December 28, 2016, a true and correct copy of Accusation No. 800-2014-000004 and all other statutorily required documents were properly served on Respondent by certified mail at his address of record on file with the Board which was: 2683 Via De La Valle, Suite G-626, Del Mar, California, 92014-1911. On January 6, 2017, Respondent filed his Notice of Defense contesting Accusation No. 800-2014-000004. A true and correct copy of Accusation No. 800-2014-003574 is attached hereto as Exhibit A and incorporated herein by reference as if fully set forth herein.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with his counsel, and fully understands the charges and allegations in Accusation No. 800-2014-000004. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in Accusation No. 800-2014-000004; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws, having been fully advised of same by his attorney of record, Joanna Ryan Shippee, Esq.

7. Having the benefit of counsel, Respondent hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2014-000004 and that he has thereby subjected his Physician's and Surgeon's Certificate  
5 No. G34687 to disciplinary action. Respondent further agrees to be bound by the Board's  
6 imposition of discipline as set forth in the Disciplinary Order below.

7 9. Respondent agrees that if he ever petitions for modification of this Stipulated  
8 Settlement and Disciplinary Order, or if an accusation and/or petition to revoke probation is filed  
9 against him before the Medical Board of California, all of the charges and allegations contained  
10 in Accusation No. 800-2014-000004 shall be deemed true, correct and fully admitted by  
11 Respondent for purposes of any such proceeding, or any other licensing proceeding involving  
12 Respondent in the State of California.

13 CONTINGENCY

14 10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be  
15 submitted to the Board for its consideration in the above-entitled matter and, further, that the  
16 Board shall have a reasonable period of time in which to consider and act on this Stipulated  
17 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully  
18 understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation  
19 prior to the time the Board considers and acts upon it.

20 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null  
21 and void and not binding upon the parties unless approved and adopted by the Board, except for  
22 this paragraph, which shall remain in full force and effect. Respondent fully understands and  
23 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and  
24 Disciplinary Order, the Board may receive oral and written communications from its staff and/or  
25 the Attorney General's office. Communications pursuant to this paragraph shall not disqualify  
26 the Board, any member thereof, and/or any other person from future participation in this or any  
27 other matter affecting or involving Respondent. In the event that the Board, in its discretion, does  
28 not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of

1 this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and  
2 shall not be relied upon or introduced in any disciplinary action by either party hereto.

3 Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary  
4 Order for any reason, Respondent will assert no claim that the Board, or any member thereof, was  
5 prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and  
6 Disciplinary Order or of any matter or matters related hereto.

### 7 **ADDITIONAL PROVISIONS**

8 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
9 be an integrated writing representing the complete, final and exclusive embodiment of the  
10 agreements of the parties in the above-entitled matter.

11 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
12 including copies of the signatures of the parties, may be used in lieu of original documents and  
13 signatures and, further, that copies and signatures shall have the same force and effect as originals.

14 14. In consideration of the foregoing admissions and stipulations, the parties agree the  
15 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
16 the following Disciplinary Order:

### 17 **DISCIPLINARY ORDER**

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G34687 issued  
19 to Respondent Michael Nicholas Markopoulos, M.D., is revoked. However, the revocation is  
20 stayed and Respondent is placed on probation for three (3) years from the effective date of the  
21 Decision on the following terms and conditions.

22 1. **EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of this  
23 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
24 for its prior approval educational program(s) or course(s) which shall not be less than forty (40)  
25 hours per year, for each year of probation. The educational program(s) or course(s) shall be  
26 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.  
27 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition  
28 to the Continuing Medical Education (CME) requirements for renewal of licensure. Following

1 the completion of each course, the Board or its designee may administer an examination to test  
2 Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-  
3 five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

4 2. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the  
5 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
6 approved in advance by the Board or its designee. Respondent shall provide the approved course  
7 provider with any information and documents that the approved course provider may deem  
8 pertinent. Respondent shall participate in and successfully complete the classroom component of  
9 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
10 successfully complete any other component of the course within one (1) year of enrollment. The  
11 medical record keeping course shall be at Respondent's expense and shall be in addition to the  
12 Continuing Medical Education (CME) requirements for renewal of licensure.

13 A medical record keeping course taken after the acts that gave rise to the charges in  
14 Accusation No. 800-2014-000004, but prior to the effective date of the Decision may, in the sole  
15 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the  
16 course would have been approved by the Board or its designee had the course been taken after the  
17 effective date of this Decision.

18 Respondent shall submit a certification of successful completion to the Board or its  
19 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
20 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

21 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar  
22 days of the effective date of this Decision, Respondent shall enroll in a professionalism program,  
23 that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
24 Respondent shall participate in and successfully complete that program. Respondent shall  
25 provide any information and documents that the program may deem pertinent. Respondent shall  
26 successfully complete the classroom component of the program not later than six (6) months after  
27 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
28 time specified by the program, but no later than one (1) year after attending the classroom

1 component. The professionalism program shall be at Respondent's expense and shall be in  
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

3 A professionalism program taken after the acts that gave rise to the charges in Accusation  
4 No. 800-2014-000004, but prior to the effective date of the Decision may, in the sole discretion of  
5 the Board or its designee, be accepted towards the fulfillment of this condition if the program  
6 would have been approved by the Board or its designee had the program been taken after the  
7 effective date of this Decision.

8 Respondent shall submit a certification of successful completion to the Board or its  
9 designee not later than fifteen (15) calendar days after successfully completing the program or not  
10 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

11 4. MONITORING – PRACTICE. Within thirty (30) calendar days of the effective date  
12 of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
13 practice monitor, the name and qualifications of one or more licensed physicians and surgeons  
14 whose licenses are valid and in good standing, and who are preferably American Board of  
15 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
16 personal relationship with Respondent, or other relationship that could reasonably be expected to  
17 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
18 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
19 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

20 The Board or its designee shall provide the approved monitor with copies of the Decision  
21 and Disciplinary Order and Accusation No. 800-2014-000004, and a proposed monitoring plan.  
22 Within fifteen (15) calendar days of receipt of the Decision and Disciplinary Order and  
23 Accusation No. 800-2014-000004, and proposed monitoring plan, the monitor shall submit a  
24 signed statement that the monitor has read the Decision and Disciplinary Order and Accusation  
25 No. 800-2014-000004, fully understands the role of a monitor, and agrees or disagrees with the  
26 proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the  
27 monitor shall submit a revised monitoring plan with the signed statement for approval by the  
28 Board or its designee.

1 Within sixty (60) calendar days of the effective date of this Decision, and continuing  
2 throughout probation, Respondent's practice shall be monitored by the approved monitor.  
3 Respondent shall make all records available for immediate inspection and copying on the  
4 premises by the monitor at all times during business hours and shall retain the records for the  
5 entire term of probation.

6 If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the  
7 effective date of this Decision, Respondent shall receive a notification from the Board or its  
8 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
9 Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring  
10 responsibility.

11 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
12 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
13 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
14 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
15 quarterly written reports to the Board or its designee within ten (10) calendar days after the end of  
16 the preceding quarter.

17 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar  
18 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
19 the name and qualifications of a replacement monitor who will be assuming that responsibility  
20 within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor  
21 within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall  
22 receive a notification from the Board or its designee to cease the practice of medicine within three  
23 (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a  
24 replacement monitor is approved and assumes monitoring responsibility.

25 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from  
26 performing any work related to Immigration and Naturalization Service examinations including,  
27 but not limited to, completing paper work in connection with immigration applications and  
28 administering immunizations and/or vaccinations to immigration applicants.



1           6.    NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
2 Respondent shall provide a true copy of this Decision and Disciplinary Order and Accusation No.  
3 800-2014-000004 to the Chief of Staff or the Chief Executive Officer at every hospital where  
4 privileges or membership are extended to Respondent, at any other facility where Respondent  
5 engages in the practice of medicine, including all physician and locum tenens registries or other  
6 similar agencies, and to the Chief Executive Officer at every insurance carrier which extends  
7 malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to  
8 the Board or its designee within fifteen (15) calendar days.

9           This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

10          7.    OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
11 governing the practice of medicine in California and remain in full compliance with any court  
12 ordered criminal probation, payments, and other orders.

13          8.    QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
14 under penalty of perjury on forms provided by the Board, stating whether there has been  
15 compliance with all the conditions of probation.

16          Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
17 the end of the preceding quarter.

18          9.    GENERAL PROBATION REQUIREMENTS.

19               Compliance with Probation Unit

20          Respondent shall comply with the Board's probation unit.

21               Address Changes

22          Respondent shall, at all times, keep the Board informed of Respondent's business and  
23 residence addresses, email address (if available), and telephone number. Changes of such  
24 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
25 circumstances shall a post office box serve as an address of record, except as allowed by Business  
26 and Professions Code section 2021(b).

27        ////

28        ////

1        Place of Practice

2        Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
4 facility.

5        License Renewal

6        Respondent shall maintain a current and renewed California physician's and surgeon's  
7 license.

8        Travel or Residence Outside California

9        Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
11 (30) calendar days.

12        In the event Respondent should leave the State of California to reside or to practice,  
13 Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the  
14 dates of departure and return.

15        10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
16 available in person upon request for interviews either at Respondent's place of business or at the  
17 probation unit office, with or without prior notice throughout the term of probation.

18        11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
19 its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting  
20 more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return  
21 to practice. Non-practice is defined as any period of time Respondent is not practicing medicine  
22 as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours  
23 in a calendar month in direct patient care, clinical activity or teaching, or other activity as  
24 approved by the Board. If Respondent resides in California and is considered to be in non-  
25 practice, Respondent shall comply with all terms and conditions of probation. All time spent in  
26 an intensive training program which has been approved by the Board or its designee shall not be  
27 considered non-practice and does not relieve Respondent from complying with all the terms and  
28 conditions of probation. Practicing medicine in another state of the United States or Federal

1 jurisdiction while on probation with the medical licensing authority of that state or jurisdiction  
2 shall not be considered non-practice. A Board-ordered suspension of practice shall not be  
3 considered as a period of non-practice.

4 In the event Respondent's period of non-practice while on probation exceeds eighteen (18)  
5 calendar months, Respondent shall successfully complete the Federation of State Medical Boards'  
6 Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment  
7 program that meets the criteria of Condition 18 of the current version of the Board's "Manual of  
8 Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of  
9 medicine.

10 Respondent's period of non-practice while on probation shall not exceed two (2) years.

11 Periods of non-practice will not apply to the reduction of the probationary term.

12 Periods of non-practice for a Respondent residing outside of California will relieve  
13 Respondent of the responsibility to comply with the probationary terms and conditions with the  
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
16 Controlled Substances; and Biological Fluid Testing.

17 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
18 obligations (e.g., restitution and/or probation costs) not later than one hundred twenty (120)  
19 calendar days prior to the completion of probation. Upon successful completion of probation,  
20 Respondent's certificate shall be fully restored.

21 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
22 of probation is a violation of probation. If Respondent violates probation in any respect, the  
23 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
24 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
25 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
26 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
27 be extended until the matter is final.

28 ////

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Joanna Ryan Shippee, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G34687. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 9/26/2017

**MICHAEL NICHOLAS MARKOPOULOS, M.D.**  
Respondent

I have read and fully discussed with Respondent Michael Nicholas Markopoulos, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 09/27/2017

JOANNA RYAN SHIPPEE, ESQ.  
*Attorney for Respondent*

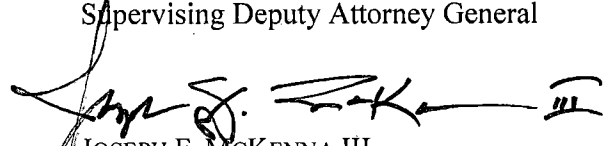
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: *September 27, 2017*

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

  
JOSEPH F. MCKENNA III  
Deputy Attorney General  
*Attorneys for Complainant*

**Exhibit A**

**Accusation No. 800-2014-000004**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
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8 *Attorneys for Complainant*

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
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13 In the Matter of the Accusation Against:

Case No. 800-2014-000004

14 **Michael Nicholas Markopoulos, M.D.**  
15 **2683 Via De La Valle, Suite G-626**  
**Del Mar, California 92014-1911**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate No.**  
17 **G 34687,**

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about July 1, 1977, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number G 34687 to Michael Nicholas Markopoulos, M.D. (Respondent). The  
27 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
28 charges brought herein and will expire on February 28, 2018, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“...

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“...”

6. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

7. Section 2069 of the Code states:

“(a)(1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed



1       podiatrist. A medical assistant may also perform all these tasks and services upon  
2       the specific authorization of a physician assistant, a nurse practitioner, or a  
3       certified nurse-midwife.

4       “...

5       “(b) As used in this section and Sections 2070 and 2071, the following  
6       definitions apply:

7       “(1) ‘Medical assistant’ means a person who may be unlicensed, who  
8       performs basic administrative, clerical, and technical supportive services in  
9       compliance with this section and Section 2070 for a licensed physician and  
10      surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry  
11      corporation, for a physician assistant, a nurse practitioner, or a certified nurse-  
12      midwife as provided in subdivision (a), or for a health care service plan, who is at  
13      least 18 years of age, and who has had at least the minimum amount of hours of  
14      appropriate training pursuant to standards established by the board. The medical  
15      assistant shall be issued a certificate by the training institution or instructor  
16      indicating satisfactory completion of the required training. A copy of the  
17      certificate shall be retained as a record by each employer of the medical assistant.

18      “(2) ‘Specific authorization’ means a specific written order prepared by the  
19      supervising physician and surgeon or the supervising podiatrist, or the physician  
20      assistant, the nurse practitioner, or the certified nurse-midwife as provided in  
21      subdivision (a), authorizing the procedures to be performed on a patient, which  
22      shall be placed in the patient’s medical record, or a standing order prepared by the  
23      supervising physician and surgeon or the supervising podiatrist, or the physician  
24      assistant, the nurse practitioner, or the certified nurse-midwife as provided in  
25      subdivision (a), authorizing the procedures to be performed, the duration of which  
26      shall be consistent with accepted medical practice. A notation of the standing  
27      order shall be placed on the patient’s medical record.

28      ////

1           “(3) ‘Supervision’ means the supervision of procedures authorized by this  
2 section by the following practitioners, within the scope of their respective  
3 practices, who shall be physically present in the treatment facility during the  
4 performance of those procedures:

5           “(A) A licensed physician and surgeon.

6           “...

7           “(4)(A) ‘Technical supportive services’ means simple routine medical tasks  
8 and procedures that may be safely performed by a medical assistant who has  
9 limited training and who functions under the supervision of a licensed physician  
10 and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner,  
11 or a certified nurse-midwife as provided in subdivision (a).

12           “...

13           “(c) Nothing in this section shall be construed as authorizing any of the  
14 following:

15           “...

16           “(4) A medical assistant to perform any clinical laboratory test or examination  
17 for which he or she is not authorized by Chapter 3 (commencing with Section  
18 1200).

19           “...”

20       8.   Section 2071 of the Code states:

21           “The board shall adopt and administer regulations that establish standards for  
22 technical supportive services that may be performed by a medical assistant.  
23 Nothing in this section shall prohibit the board from amending or repealing  
24 regulations covering medical assistants. ... Nothing in this section shall be  
25 construed to supersede or modify that portion of the Administrative Procedure Act  
26 that relates to the procedure for the adoption of regulations and which is set forth  
27 in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division  
28 3 of Title 2 of the Government Code.”

1       9.    Section 2264 of the Code states:

2               “The employing, directly or indirectly, the aiding, or the abetting of any  
3               unlicensed person or any suspended, revoked, or unlicensed practitioner to engage  
4               in the practice of medicine or any other mode of treating the sick or afflicted which  
5               requires a license to practice constitutes unprofessional conduct.”

6       10.   Section 2266 of the Code states:

7               “The failure of a physician and surgeon to maintain adequate and accurate  
8               records relating to the provision of services to their patients constitutes  
9               unprofessional conduct.”

10      11.   Section 1366, title 16, of the California Code of Regulations, states:

11              “(a) A medical assistant may perform additional technical supportive services  
12              such as those specified herein provided that all of the following conditions are met:

13              “(1) Each technical supportive service is not prohibited by another provision  
14              of law, including Section 2069(c) of the code, or these regulations, and is a usual  
15              and customary part of the medical or podiatric practice where the medical assistant  
16              is employed;

17              “(2) The supervising physician or podiatrist authorizes the medical assistant to  
18              perform the service and shall be responsible for the patient’s treatment and care;

19              “(3) The medical assistant has completed the training specified in Sections  
20              1366.2, 1366.3, and 1366.4 and has demonstrated competence in the performance  
21              of the service;

22              “(4) A record shall be made in the patient chart or other record, including a  
23              computerized record, if any, of each technical supportive service performed by the  
24              medical assistant, indicating the name, initials or other identifier of the medical  
25              assistant, the date and time, a description of the service performed, and the name  
26              of the physician or podiatrist who gave the medical assistant patient-specific  
27              authorization to perform the task or who authorized such performance under a  
28              patient-specific standing order.

1           “(5) The supervising physician or podiatrist may, at his or her discretion,  
2 provide written instructions to be followed by a medical assistant in the  
3 performance of tasks or supportive services. Such written instructions may  
4 provide that a physician assistant or registered nurse may assign a task authorized  
5 by a physician or podiatrist.

6           “(b) A medical assistant in accordance with the provisions of subsection (a)  
7 may perform additional technical supportive services such as the following:

8           “(1) Administer medication orally, sublingually, topically, vaginally or  
9 rectally, or by providing a single dose to a patient for immediate self-  
10 administration. Administer medication by inhalation if the medications are  
11 patient-specific and have been or will be routinely and repetitively administered to  
12 that patient. In every instance, prior to administration of medication by the  
13 medical assistant, a licensed physician or podiatrist, or another person authorized  
14 by law to do so shall verify the correct medication and dosage. Nothing in this  
15 section shall be construed as authorizing the administration of any anesthetic agent  
16 by a medical assistant.

17           “(2) Perform electrocardiogram, electroencephalogram, or plethysmography  
18 tests, except full body plethysmography. Nothing in this section shall permit a  
19 medical assistant to perform tests involving the penetration of human tissues  
20 except for skin tests as provided in Section 2069 of the code, or to interpret test  
21 findings or results.

22           “...

23           “(11) Perform simple laboratory and screening tests customarily performed in  
24 a medical office.

25           “...

26           “(e) Nothing in these regulations shall be construed to modify the requirement

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1 that a licensed physician or podiatrist be physically present in the treatment facility  
2 as required in Section 2069 of the code.

3 "..."

4 12. Section 1366.1, title 16, of the California Code of Regulations, states:

5 "In order to administer medications by intramuscular, subcutaneous and  
6 intradermal injection, to perform skin tests, or to perform venipuncture of skin  
7 puncture for the purposes of withdrawing blood, a medical assistant shall have  
8 completed the minimum training prescribed herein. Training shall be for the  
9 duration required by the medical assistant to demonstrate to the supervising  
10 physician, podiatrist, or instructor, as referenced in Section 1366.3(a)(2),  
11 proficiency in the procedures to be performed as authorized by Sections 2069 or  
12 2070 of the code, where applicable, but shall include no less than:

13 "(a) Ten (10) clock hours of training in administering injections and  
14 performing skin tests, and/or

15 "(b) Ten (10) clock hours of training in venipuncture and skin puncture for the  
16 purpose of withdrawing blood, and

17 "(c) Satisfactory performance by the trainee of at least ten (10) each of  
18 intramuscular, subcutaneous, and intradermal injections and ten (10) skin tests,  
19 and/or at least ten (10) venipunctures and ten (10) skin punctures.

20 "..."

21 "(e) Training in (a) through (d) above, shall include instruction and  
22 demonstration in:

23 "(1) pertinent anatomy and physiology appropriate to the procedures;

24 "(2) choice of equipment;

25 "(3) proper technique including sterile technique;

26 "(4) hazards and complications;

27 "(5) patient care following treatment or test;

28 ////

1           “(6) emergency procedures; and

2           “(7) California law and regulations for medical assistants.”

3       13. Section 1366.2, title 16, of the California Code of Regulations, states:

4           “Prior to performing any of the additional technical supportive services  
5       provided in Section 1366, a medical assistant shall receive such training as, in the  
6       judgement of the supervising physician, podiatrist or instructor, as referenced in  
7       Section 1366.3(a)(2), is necessary to assure the medical assistant’s competence in  
8       performing that service at the appropriate standard of care. Such training shall be  
9       administered pursuant to either subsection (a)(1) or (a)(2) of Section 1366.3.”

10      14. Section 1366.3, title 16, of the California Code of Regulations, states:

11           “(a) Training required in Sections 1366, 1366.1 or 1366.2 may be  
12       administered in either of these settings:

13           “(1) Under a licensed physician or podiatrist, who shall ascertain the  
14       proficiency of the medical assistant; or under a registered nurse, licensed  
15       vocational nurse, physician assistant or a qualified medical assistant acting under  
16       the direction of a licensed physician or podiatrist who shall be responsible for  
17       determining the content of the training and the proficiency of the medical assistant  
18       except that training to administer medication by inhalation shall be provided by a  
19       licensed physician or respiratory care practitioner; or

20           “(2) In a secondary, postsecondary, or adult education program in a public  
21       school authorized by the Department of Education, in a community college  
22       program provided for in Part 48 of Division 7 of the Education Code, or a  
23       postsecondary institution accredited by an accreditation agency recognized by the  
24       United States Department of Education or approved by the Bureau for Private  
25       Postsecondary and Vocational Education under Sections 94130 or 94311 of the  
26       Education Code. ...

27           “(b) The supervising physician or podiatrist, pursuant to subsection (a)(1) or  
28       the instructor pursuant to subsection (a)(2) shall certify in writing the place and

1 date such training was administered, the content and duration of the training, and  
2 that the medical assistant was observed by the certifying physician, podiatrist, or  
3 instructor to demonstrate competence in the performance of each such task or  
4 service, and shall sign the certification. More than one task or service may be  
5 certified in a single document; separate certifications shall be made for subsequent  
6 training in additional tasks or services.

7 “(c) For purposes of this section only, a ‘qualified medical assistant’ is a  
8 medical assistant who:

9 “(1) is certified by a medical assistant certifying organization approved by the  
10 division;

11 “(2) holds a credential to teach in a medical assistant training program at a  
12 community college; or

13 “(3) is authorized to teach medical assistants in a private postsecondary  
14 institution accredited by an accreditation agency recognized by the United States  
15 Department of Education or approved by the Bureau for Private Postsecondary and  
16 Vocational Education.”

17 15. Section 1366.4, title 16, of the California Code of Regulations, states:

18 “Each medical assistant shall receive training in the Center for Disease  
19 Control ‘Guidelines for Infection Control in Hospital Personnel’ (July 1983) and  
20 shall demonstrate to the satisfaction of the supervising physician, podiatrist or  
21 instructor that he or she understands the purposes and techniques of infection  
22 control.”

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 16. Respondent has subjected his Physician's and Surgeon's Certificate Number  
4 G 34687 to disciplinary action under sections 2227 and 2234, as defined in section 2234,  
5 subdivision (b), of the Code, in that Respondent committed gross negligence in his care  
6 and treatment of patients B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., R.M.B., C.G., and S.M.,  
7 as more particularly alleged hereinafter:

8 (a) In 2013, Respondent was performing immigration physicals at a law  
9 office, twice a month, for patients who were potential immigrant applicants  
10 seeking to apply for residency or citizenship in the United States. Respondent  
11 would give immunization shots and tuberculin skin (TB) tests, and perform a  
12 complete physical examination pursuant to the requirements of Form I-693,  
13 "Report of Medical Examination and Vaccination Record", as required by U.S.  
14 Citizenship and Immigration Services (USCIS).<sup>1</sup> The patient population  
15 Respondent saw at the law office mostly did not speak or understand English and  
16 were predominately Spanish speakers.<sup>2</sup>

17 (b) On May 8, 2014, Respondent was interviewed by Medical Board of  
18 California Investigator T.H. about Respondent's method and protocols involving  
19 immunization shots and TB tests given at the law office and follow up evaluation  
20 of TB test results with patients B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., and R.M.B.  
21 Respondent stated that the TB tests were administered with a TB syringe that  
22 delivered a subcutaneous shot of purified protein derivative (PPD) to the patients.  
23 Regarding his protocols for reading and evaluating TB test results, Respondent

24 <sup>1</sup> The general purpose of Form I-693 is to require all immigration applicants receive a  
25 complete physical examination and determine whether applicant is inadmissible to the United  
26 States on public health grounds. Form I-693 is used to report results of a medical examination to  
USCIS and must be completed by a designated civil surgeon.

27 <sup>2</sup> Respondent and his staff performing the immigration physical examinations did *not*  
28 speak or understand much Spanish, so they relied upon bi-lingual staff at the law office to  
communicate in Spanish with the patients during the physical examinations.



1 admitted that he never saw the patients again (in person) after the PPD shot was  
2 given. Instead, Respondent relied upon the patients to contact him if there was a  
3 "positive reaction" to the PPD shot. Therefore, for all of these patients,  
4 Respondent never palpated the area for induration at the injection site and never  
5 documented those findings in their medical records. Rather than require patients  
6 to see him again for an evaluation within seventy-two (72) hours of the PPD shot,  
7 Respondent explained that he showed patients "a picture of a positive TB test that  
8 I had on my cell phone" and that he "explained to [patients] how to feel for it."  
9 Respondent further explained, if patients had a positive reaction to the PPD shot,  
10 they were expected to take a picture of the affected area and text it to him. If  
11 Respondent determined that there was a positive reaction after reviewing the  
12 picture on his cell phone, he stated that he would direct the patient to get a chest  
13 x-ray. Significantly, when asked during his interview with the Medical Board why  
14 he routinely documented and signed Form I-693 indicating negative reactions to  
15 PPD shots without ever seeing the patients in person, Respondent replied "[C]ause  
16 I believe them. When I see the picture it looks fine." Respondent then added,  
17 "I'm pretty confident that ... they're not positive, cause if they don't call me ... we  
18 call them back and we get a picture. And I'm pretty confident that that's  
19 readable."

20 (c) In or around August 2013, Respondent hired K.J. as an independent  
21 contractor to do temporary work that involved helping with giving immunization  
22 shots and PPD shots to patients getting immigration physical examinations at the  
23 law office, as well as completing related immigration paperwork. According to  
24 Respondent, K.J. represented to him when he hired her that she was a "medical  
25 assistant", but in fact that was not true and she held no certification as a medical  
26 assistant. Respondent stated that he immediately determined K.J. was not a  
27 medical assistant because she did not know how to give shots to patients during  
28 the immigration physical examinations that she was hired to help perform. Despite

1 finding K.J. to be "fairly incompetent", Respondent did not immediately fire her.  
2 Rather, Respondent explained that it was at the immigration law office where he  
3 "taught" K.J. how to prepare and administer immunization shots and PPD shots to  
4 patients. Respondent stated, "[A]t the immigration clinic, I did a few of them and  
5 I showed her how to do it and then she did it ... [K.J.] probably did about ten  
6 (immunization shots) total in the whole six months." According to Respondent,  
7 K.J. also administered approximately eight (8) PPD shots during the time that she  
8 worked for him. Respondent admitted that K.J. did not go through any training  
9 programs prior to administering the immunization shots and PPD shots.  
10 Respondent stated that K.J. was fired in or around December 2013 after working  
11 for him for approximately five (5) months.

12 (d) Regarding the vaccination documentation and medical records of patients  
13 B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., and R.M.B., Respondent did not record  
14 required vaccination information and lab results of tests were missing.  
15 Significantly, the documentation for immunization shots and PPD shots given to  
16 the patients was incomplete in their medical records. Federal law requires what  
17 must be documented in the medical record when giving vaccinations, including:

- 18 1. The vaccine manufacturer;
- 19 2. The lot number of the vaccine;
- 20 3. The date the vaccine is administered;
- 21 4. The name, office address, and title of the healthcare provider administering  
22 the vaccine;
- 23 5. The Vaccine Information Statement (VIS) edition date located in the lower  
24 right corner on the back of the VIS. When administering combination vaccines, all  
25 applicable VISs should be given and the individual VIS edition dates recorded;  
26 and
- 27 6. The date the VIS is given to the patient, parent, or guardian.

28 ////

1 In addition, the expiration date of the vaccine must be verified before injection. Prior  
2 to placing a PPD shot, the following must be documented:

- 3 1. Date and time of administration;
- 4 2. Injection site location; and
- 5 3. Lot number.

6 Respondent did not document much of the required vaccination information, as  
7 described above, in the medical records for patients B.I.L., C.L.I., G.D.R., J.F.N.,  
8 R.H.C., and R.M.B., after he administered their immunization shots and PPD  
9 shots. Respondent also did not document any PPD results in their medical records  
10 either. Lastly, other notable omissions were that R.H.C.'s medical record did not  
11 have a copy of the chest x-ray performed, and lab test results of Rapid Plasma  
12 Reagin (RPR) testing were missing from medical records for R.H.C. and J.F.N.<sup>3</sup>  
13 Although the lab test results are missing from their medical records, interestingly,  
14 RPR results for R.H.C. and J.F.N. were documented as negative by Respondent in  
15 their immigration paperwork submitted to USCIS.

16 (e) On August 18, 2016, during a second interview with the Medical Board of  
17 California, conducted by with Division of Investigation's Health Quality  
18 Investigation Unit Investigator D.F., Respondent was asked about his method for  
19 performing immigration physicals at the law office. When asked about whether he  
20 performed abdominal examinations on patients B.I.L., C.L.I., G.D.R., J.F.N.,  
21 R.H.C., or R.M.B., Respondent admitted that he was unable to perform abdominal  
22 examinations on them because there was no exam table at the law office.  
23 Notwithstanding Respondent's failure to conduct an abdominal examination for  
24 abnormalities of each patient, he completed and signed Form I-693 verifying to  
25 USCIS the health status of patients B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., and  
26 R.M.B.

27 <sup>3</sup> An RPR test is a blood test used to screen a person for syphilis.  
28

1 (f) On August 18, 2016, during the same interview with Investigator D.F.,  
2 Respondent discussed his care and treatment of patients' C.G. and S.M., who are  
3 in-patient residents of a long-term care facility. Respondent explained that he is  
4 required to do sixty (60) day visits and annual examinations of C.G. and S.M.  
5 Both patients have been on anti-seizure medication for many years, however,  
6 Respondent agreed that the medical records indicate that neither patient has  
7 "seized" in years.<sup>4</sup> Notwithstanding the long period of time that has passed since  
8 their last seizure, there was no documentation in C.G.'s and S.M.'s medical  
9 records regarding a tapering or stopping of seizure medication and/or a  
10 consultation with neurology, if necessary. The notes in the medical records for  
11 C.G. and S.M. are essentially identical, word for word, and appear carried over  
12 from each visit by Respondent. Significantly, C.G. suffers from hypertension but  
13 there are no blood pressure values recorded in the notes. Respondent does not  
14 record any medical justification for changing the medication levels for C.G.; and  
15 despite C.G. being a hypertensive patient, Respondent did not order annual  
16 assessments of a basic metabolic panel, micro-albumin and/or lipids. For both  
17 patients C.G. and S.M., it appears that Respondent's notes have been copied over  
18 and over for several years with no meaningful changes in their comprehensive care  
19 by Respondent.

20 17. Respondent committed gross negligence in his care and treatment of patients  
21 B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., R.M.B., C.G., and S.M., which included, but was  
22 not limited to, the following:

23 (a) Respondent failed to document required elements regarding vaccination  
24 information and documentation in the medical records of patients B.I.L., C.L.I.,  
25 G.D.R., J.F.N., R.H.C., and R.M.B.;

26 ////

27 <sup>4</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
28 for informational purposes only and is not alleged as a basis for disciplinary action.

1 (b) Respondent permitted K.J. to administer immunization shots and PPD  
2 shots to numerous patients while under his supervision, even though she had no  
3 medical training and Respondent failed to provide the adequate training that she  
4 needed prior to administering shots to patients.;

5 (c) Respondent failed to properly interpret PPD shots and adequately  
6 document them in the medical records for patients B.I.L., C.L.I., G.D.R., J.F.N.,  
7 R.H.C., and R.M.B.;

8 (d) Respondent failed to perform abdominal examinations of patients B.I.L.,  
9 C.L.I., G.D.R., J.F.N., R.H.C., and R.M.B., as part of their physical evaluation for  
10 Form I-693.;

11 (e) Respondent repeatedly failed to maintain adequate and accurate records of  
12 the information he needed to track in order to complete immigration paperwork for  
13 patients B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., and R.M.B., including,  
14 documenting PPD readings and chest x-ray and RPR test results.; and

15 (f) Respondent repeatedly failed to adequately document his care and  
16 treatment of patients C.G. and S.M., wherein his patient notes appear to be the  
17 same and are copied between patient examinations, and there is no evaluation  
18 and/or assessment of changing medications or other treatment modalities.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 18. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
22 G 34687 to disciplinary action under sections 2227 and 2234, as defined in section 2234,  
23 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and  
24 treatment of B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., R.M.B., C.G., and S.M., as more particularly  
25 alleged hereinafter:

26 19. Paragraphs 16(a), 16(b), 16(c), 16(d), 16(e), and 16(f), above, are incorporated by  
27 reference and realleged as if fully set forth herein.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Aiding and Abetting the Unlicensed Practice of Medicine)**

3 20. Respondent has further subjected his Physician's and Surgeon's Certificate  
4 Number G 34687 to disciplinary action under sections 2069, 2071, 2234, and 2264, of the  
5 Code, and sections 1366, 1366.1, 1366.2, 1366.3, and 1366.4, title 16, of the California Code  
6 of Regulations, in that Respondent aided and abetted the unlicensed practice of medicine, as  
7 more particularly alleged hereinafter:

8 21. Paragraphs 16(a), 16(b), 16(c), and 16(d), above, are hereby incorporated by  
9 reference and realleged as if fully set forth herein

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Adequate and Accurate Medical Records)**

12 22. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
13 G 34687 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the  
14 Code, in that Respondent failed to maintain adequate and accurate records in connection with his  
15 care and treatment of B.I.L., C.L.I., G.D.R., J.F.N., R.H.C., R.M.B., C.G., and S.M., as more  
16 particularly alleged hereinafter:

17 23. Paragraphs 16(a), 16(b), 16(c), 16(d), 16(e), and 16(f), above, are hereby incorporated  
18 by reference and realleged as if fully set forth herein.

19 **FIFTH CAUSE FOR DISCIPLINE**

20 **(Unprofessional Conduct)**

21 24. Respondent has further subjected his Physician's and Surgeon's Certificate Number  
22 G 34687 to disciplinary action under sections 2227 and 2234, of the Code, in that Respondent has  
23 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct  
24 which is unbecoming to a member in good standing of the medical profession, and which  
25 demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter:

26 (a) Paragraphs 16(a), 16(b), 16(c), 16(d), 16(e), 16(f), 17, 18, 19, 20, 21, 22, and 23,  
27 above, are hereby incorporated by reference and realleged as if fully set forth herein.

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**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 34687, issued to Respondent Michael Nicholas Markopoulos, M.D.;

2. Revoking, suspending or denying approval of Respondent Michael Nicholas Markopoulos, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code.;

3. Ordering Respondent Michael Nicholas Markopoulos, M.D., to pay the Medical Board of California the costs of probation monitoring, if placed on probation.; and

4. Taking such other and further action as deemed necessary and proper.

DATED: December 28, 2016

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

SD2016703285  
Doc.No.81533647